FORM D

UNITED STATES

SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549

TEMPORARY



FORM D

NOTICE OF SALE OF SECURITIES

PURSUANT TO REGULATION D,

SECTION 4(6), AND/OR

UNIFORM LIMITED OFFERING EXEMPTION

OMB APPROVAL

OMB Number:

3235-0076

Expires: February 28, 2009

Estimated average burden

hours per response4.00



09038264

Name of Offering (check if this is an amendment and name has changed, and indicate change.) Sale of Limited Partnership Interests in KBR FUND, L.P.	
Filing Under (Check box(es) that apply): Rule 504 Rule 505 Rule 506 Type of Filing: Amendment	Section 4(6) ULOE
A. BASIC IDENTIFICATION DATA	PKOOE002
1. Enter the information requested about the issuer	MAR 27 2009
Name of Issuer (check if this is an amendment and name has changed, and indicate change.) KBR FUND, L.P.	THOMSON REUTERS
Address of Executive Offices (Number and Street, City, State, Zip Code) 555 Bryant Street, #122, Palo Alto, CA 94301	Telephone Number (Including Area Code) (650) 462-1911
Address of Principal Business Operations (Number and Street, City, State, Zip Code) (if different from Executive Offices) Same	Telephone Number (Including Area Code) Same
Brief Description of Business Venture Capital Investments	
Type of Business Organization corporation limited partnership, already formed business trust limited partnership, to be formed other	or.
Actual or Estimated Date of Incorporation or Organization: Month Year	

GENERAL INSTRUCTIONS

Note: This is a special Temporary Form D (17 CFR 239.500T) that is available to be filed instead of Form D (17 CFR 239.500) only to issuers that file with the Commission a notice on Temporary Form D (17 CFR 239.500T) or an amendment to such a notice in paper format on or after September 15, 2008 but before March 16, 2009. During that period, an issuer also may file in paper format an initial notice using Form D (17 CFR 239.500) but, if it does, the issuer must file amendments using Form D (17 CFR 239.500) and otherwise comply with all the requirements of §230.503T.

Who Must File: All issuers making an offering of securities in reliance on an exemption under Regulation D or Section 4(6), 17 CFR 230.501 et seq. or 15 U.S.C.

When to File: A notice must be filed no later than 15 days after the first sale of securities in the offering. A notice is deemed filed with the U.S. Securities and Exchange Commission (SEC) on the earlier of the date it is received by the SEC at the address given below or, if received at that address after the date on which it is due, on the date it was mailed by United States registered or certified mail to that address.

Where to File: U.S. Securities and Exchange Commission, 100 F Street, N.E., Washington, D.C. 20549

Copies Required: Two (2) copies of this notice must be filed with the SEC, one of which must be manually signed. The copy not manually signed must be a photocopy of the manually signed copy or bear typed or printed signatures.

Information Required: A new filing must contain all information requested. Amendments need only report the name of the issuer and offering, any changes thereto, the information requested in Part C, and any material changes from the information previously supplied in Parts A and B. Part E and the Appendix need not be filed with the SEC.

Filing Fee: There is no federal filing fee.

State

This notice shall be used to indicate reliance on the Uniform Limited Offering Exemption (ULOE) for sales of securities in those states that have adopted ULOE and that have adopted this form. Issuers relying on ULOE must file a separate notice with the Securities Administrator in each state where sales are to be, or have been made. If a state requires the payment of a fee as a precondition to the claim for the exemption, a fee in the proper amount shall accompany this form. This notice shall be filed in the appropriate states in accordance with state law. The Appendix to the notice constitutes a part of this notice and must be completed.

ATTENTION

Failure to file notice in the appropriate states will not result in a loss of the federal exemption. Conversely, failure to file the appropriate federal notice will not result in a loss of an available state exemption unless such exemption is predicated on the filing of a federal notice.

Potential persons who are to respond to the collection of information contained in this form are not required to respond unless the form displays a currently valid OMB control number.

		•	A	. BASIC IDI	ENTI	FICATION DATA				
 Each beneficial own 	ne issue ner hav cer and	r, if the issuer h ing the power to director of corp	as been vote o orate i	ssuers and of corporat	e vote	ive years; or disposition of, 10% real and managing part	or mo	ore of a class of partnership	of equity issuers; a	securities of the issuer; and
Check Box(es) that Apply:		Promoter		Beneficial Owner		Executive Officer		Director	Ø	General and/or Managing Partner
Full Name (Last name first, i	findiv	idual)								
Business or Residence Addre	•		et, City	, State, Zip Code)						
555 Bryant Street, #122, Pa		····			_	n 000		D:		General and/or
Check Box(es) that Apply:	⊠	Promoter		Beneficial Owner	<u></u>	Executive Officer		Director		Managing Partner
Full Name (Last name first, i	findiv	idual)								
Business or Residence Address 555 Bryant Street, #122, Pa			et, City	, State, Zip Code)						
Check Box(es) that Apply:	☒	Promoter		Beneficial Owner		Executive Officer		Director		General and/or Managing Partner
Full Name (Last name first, i Speiser, Stephen	findiv	idual)								
Business or Residence Address 555 Bryant Street, #122, Pa	-		et, City	, State, Zip Code)						
Check Box(es) that Apply:		Promoter		Beneficial Owner		Executive Officer		Director		General and/or Managing Partner
Full Name (Last name first,	if indiv	ridual)								
Business or Residence Addre	ss (Nu	imber and Stree	et, City	, State, Zip Code)						
Check Box(es) that Apply:		Promoter		Beneficial Owner		Executive Officer		Director		General and/or Managing Partner
Full Name (Last name first,	if indiv	ridual)							-	
Business or Residence Addre	ss (Nu	imber and Stree	et, City	, State, Zip Code)						
Check Box(es) that Apply:		Promoter		Beneficial Owner		Executive Officer		Director		General and/or Managing Partner
Full Name (Last name first, i	findiv	idual)								
Business or Residence Addre	ess (Nu	imber and Stree	et, City	, State, Zip Code)						
Check Box(es) that Apply:		Promoter		Beneficial Owner		Executive Officer		Director		General and/or Managing Partner
Full Name (Last name first, i Business or Residence Addre			et, City	, State, Zip Code)						
		(Use blank	c sheet.	or copy and use add	litiona	l copies of this sheet	, as ne	cessary)	····	
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					В.	INTON	WIATION.	ABOUT OF	FERING				
I. H	las the issue	er sold. o	or does the is	ssuer intend (to sell, to no	n-accredited	investors in	this offering?	?			Yes	No ⊠
Has the issuer sold, or does the issuer intend to sell, to non-accredited investors in this offering? Answer also in Appendix, Column 2, if filing under ULOE.								_	_				
2. What is the minimum investment that will be accepted from any individual?						\$	N/A						
Does the offering permit joint ownership of a single unit?							Yes ⊠	№					
Si	imilar remu	uneration	for solicitat	ion of purch	asers in cont	ection with	sales of secu	rities in the c	tly or indirect offering. If a states, list the	person to be	listed is an		
đ	ealer. If n	more tha	n five (5)	persons to b					r or dealer,				
			oroker or de , if individu										1.0° II.
Busine	ss or Reside	lence Add	iress (Numb	er and Stree	t, City, State	, Zip Code)							
Name	of Associate	ted Broke	r or Dealer										
States	in Which Po	Person Lis	ted Has Sol	icited or Inte	ends to Solic	it Purchasers			<u> </u>	*			
(Cho	eck "All Sta	ates" or c	heck indivi	duals States)	***************************************							□ A	1 States
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Full Na	une (Last n	name first	t, if individu	ıal)								-	
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Busine	ss or Reside	lence Add	iress (Numb	er and Stree	ı, City, State	, Zip Code)							
	ss or Reside	_		er and Stree	t, City, State	, Zip Code)							
Name o	of Associate	ted Broke	er or Dealer	er and Stree									
Name o	of Associate	ted Broke Person Lis	er or Dealer	icited or Inte	ends to Solic	it Purchasers						[] A	l States
Name o	of Associate in Which Pe eck "All Sta	ted Broke Person Lis	er or Dealer	icited or Inte	ends to Solic	it Purchasers		(DE)	[DC]	[FL]	[GA]	[HI]	l States
Name of States i	in Which Peck "All Sta	red Broke Person Lis	er or Dealer sted Has Sol heck individ	icited or Inte	ends to Solic	it Purchasers						_	
Name of States i (Cho	in Which Peck "All Sta	red Broke Person Lis ates" or c	er or Dealer sted Has Sol heck individ [AZ]	icited or Inte duals States) [AR]	ends to Solic	it Purchasers	[CT]	[DE]	[DC]	[FL]	[GA]	(HI)	(ID)
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Name of Checker (Checker I) (Checker II) (Checker II) (Checker III) (Checker IIII) (Checker IIIII) (Checker IIIII) (Checker IIIIII) (Checker IIIIIIII) (Checker IIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIII	of Associated in Which Percent "All States of Associated of Associated on Which Percent "All States of Associat	Person Lis ates" or c AK] IN] NE] SC] mame first lence Add led Broke rerson Lis ates" or cl AK]	er or Dealer sted Has Sol heck individu [AZ] [IA] [NV] [SD] dress (Numb r or Dealer ted Has Sol heck individu [AZ]	icited or Inte duals States) [AR] [KS] [NH] [TN] al) per and Street duals States) [AR]	[CA] [KY] [NJ] [TX] (, City, State	[CO] [LA] [NM] [UT] , Zip Code)	[CT] [ME] [NY] [VT]	[DE] [MD] [NC] [VA]	[DC] [[MA] [ND] [WA]	[FL] [MI] [OH] [WV]	[GA] [MN] [OK] [WI]	[HI] [MS] [OR] [WY]	(ID) [MO] [PA] [PR]

	C. OFFERING PRICE, NUMBER OF INVESTORS, EXPENSES AND USE	OF PROCEEDS	
1.	Enter the aggregate offering price of securities included in this offering and the total amount already sold. Enter "0" if answer is "none" or "zero." If the transaction is an exchange offering, check this box \(\square\$\) and indicate in the columns below the amounts of the securities offered for exchange and already exchanged.	Aggregate	Amount Aiready
	Type of Security	Offering Price	Sold
	Debt	s	\$
	Equity	\$	\$
	☐ Common ☐ Preferred		
	Convertible Securities (including warrants)	s	\$
	Partnership Interests	\$_150,000,000	\$ <u>48,200,000</u>
	Other (Specify)	s	\$
	Total	\$ 150,000,000	\$ 48,200,000
	Answer also in Appendix, Column 3, if filing under ULOE.		
2.	Enter the number of accredited and non-accredited investors who have purchased securities in this offering and the aggregate dollar amounts of their purchases. For offerings under Rule 504, indicate the number of persons who have purchased securities and the aggregate dollar amount of their purchases on the total lines. Enter "0" if answer is "none" or "zero."		
		Number Investors	Aggregate Dollar Amount of Purchase
	Accredited investors	66	\$ 48,200,000
	Non-accredited Investors	0	s <u> </u>
	Total (for filings under Rule 504 only)		s
	Answer also in Appendix, Column 4, if filing under ULOE.		
3.	If this filing is for an offering under Rule 504 or 505, enter the information requested for all securities sold by the issuer, to date, in offerings of the types indicated, in the twelve (12) months prior to the first sale of securities in this offering. Classify securities by type listed in Part C - Question I.	Type of	Dollar Amount
	Type of Offering	Security	Sold
	Rule 505		\$
	Regulation A		\$
	Rule 504		\$
	Total		\$
4.	a. Furnish a statement of all expenses in connection with the issuance and distribution of the securities in this offering. Exclude amounts relating solely to organization expenses of the issuer. The information may be given as subject to future contingencies. If the amount of an expenditure is not known, furnish an estimate and check the box to the left of the estimate.		
	Transfer Agent's Fees		\$
	Printing and Engraving Costs		s
	Legal Fees	×	s 100,000
	Accounting Fees		\$
	Engineering Fees	_	\$
	Sales Commissions (specify finders' fees separately)		\$
	Other Expenses (identify)		\$
	Total	⊠	\$ 100,000
		4	<u> </u>

total expenses furnished in response to	gregate offering price given in response to Part C Part C - Question 4.a. This difference is the "adj	usted gross	\$ 149,900,000		
each of the purposes shown. If the ar	usted gross proceeds to the issuer used or propo- mount for any purpose is not known, furnish an e total of the payments listed must equal the adju- rt C - Question 4.b above.	estimate and check			
		Payments to Officers, Directors & Affiliates	Payments To Others		
Salaries and fees		S 24,080,000	□ s		
Purchase of real estate		s	□ s		
Purchase, rental or leasing and installa	tion of machinery and equipment	s	□ \$		
Construction or leasing of plant buildi	s	□ s			
Acquisition of other businesses (include used in exchange for the assets or secu	ting the value of securities involved in this offering in this offering in this offering in the securities of another issuer pursuant to a merger)	ng that may be \$	□ \$		
Repayment of indebtedness		s	□ s		
Working capital			∑ \$ 125,820,000		
Other (specify):		s	□ s		
Column Totals		□ \$ 24,080,000	■ \$ _125,820,000		
Total Payments Listed (column to	🔀 \$ <u>149,90</u>	\$ 149,900,000			
	D. FEDERAL SIGNAT				
he issuer has duly caused this notice to be sign undertaking by the issuer to furnish the U. on-accredited investor pursuant to paragraph	gned by the undersigned duly authorized person. If the S. Securities and Exchange Commission, upon writter (b)(2) of Rule 502.	this notice is filed under Rule 505, the follow ten request of its staff, the information furnis	ing signature constitutes hed by the issuer to any		
ssuer (Print or Type)	Signature	Date			
(BR FUND, L.P.		February 26, 2009			
Name of Signer (Print or Type)	Title of Signer (Print or Type)	NATIONAL C. 15			
Vinay Kumar	Managing Member of KBR MANAGE	MENT, L.L.C., the General Partner of the	Issuer		

ATTENTION

Intentional Misstatements or Omissions of Fact Constitute Federal Criminal Violations. (See 18. U.S.C. 1001.)

